

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-03-2001 91124 019 ****61.25

DOCUMENT # N96000005629
 1. Entity Name
SILVER OAKS OF FANNING SPRINGS HOMEOWNER'S ASSOC

Principal Place of Business Mailing Address
POST OFFICE BOX 308 **POST OFFICE BOX 308**
TRENTON FL 32693 **TRENTON FL 32693**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3425246 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BURT, THEODORE M
114 NORTHEAST FIRST ST
TRENTON FL 32693

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MCQUILLAN, ARTHUR J
STREET ADDRESS	RT 241, POST OFFICE BOX 537 N/A
CITY-ST-ZIP	ALACHUA FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCQUILLAN, GREGORY
STREET ADDRESS	1805 SE 12TH ST.
CITY-ST-ZIP	GAINESVILLE FL 32641
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MCQUILLAN, MADELINE L
STREET ADDRESS	RT 241, POST OFFICE BOX 537 N/A
CITY-ST-ZIP	ALACHUA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Route 20, Box 709
CITY-ST-ZIP	Lake City, FL 32055
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Locke
STREET ADDRESS	17430 NW 80th Court
CITY-ST-ZIP	Fanning Springs, FL 32693
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Locke* Date: **6/8/01** Daytime Phone # _____



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)